

ROGER RAFFETY

Assessor, Cass County, MO

2733 Cantrell Rd.

Harrisonville, MO 64701-4004

Phone: 816-380-8400

BUSINESS ASSESSMENT LIST

Dear Business Owner / Manager: You are required by law to provide a list, indicating *type, year purchased* and *original cost*, for all tangible personal property, e.g. Vehicles, Computers & Office Equipment, Furniture, Fixtures, Manufacturing Equip. & Tooling, etc., belonging to you or under the control of your company in Cass County, Missouri, on Jan. 1st. Complete this form, sign and return **before deadline** to avoid penalty.

Follow instructions below and on back.



**ROGER RAFFETY
CASS COUNTY ASSESSOR
2733 CANTRELL RD
HARRISONVILLE MO 64701-4004**

Online Filing:

Physical Location:

CONFIRM ACTUAL PHYSICAL LOCATION AND TELEPHONE NUMBER OF PROPERTY COVERED BY THIS RETURN (NOT P.O. BOX)				
Street Address	City	State	Zip Code	Telephone ()

IMPORTANT: Last year you reported the property shown below.
 1. Please draw a line through any items you **did NOT own** on **Jan. 1st** -->
 2. List **ANY items NOT SHOWN** in this box in the areas below or on back.

HOW TO REMOVE AN ITEM:

~~4001FORD F 100 XL FD7QA61035550257~~

↑ EXAMPLE ↑

Please check one of these boxes after completing front and back of form. Sign before returning.

CHANGES MADE
Items were added, deleted or address was changed

NO CHANGES
No new property owned on Jan 1. Property listed above is correct.

NO PROPERTY
No vehicles or property owned.

ATTENTION! List property by type indicating **year purchased** and **original cost** for all business equipment. This list is subject to audit. To assure a fair and accurate assessment of your equipment, and to avoid listing each item on this form, **PLEASE ATTACH YOUR COMPANY'S COMPLETE AMORTIZATION SCHEDULE.**

YEAR OF PURCH.	Computer Equipment Telephone Equipment	Office Furniture, Fixtures & Equipment	Mach., Equip., Special Tools, Video Movies, Games, Vending Equip.	Construction Equip., Equipment you own and lease to Others	Professional, Medical, Dental & Lab Equipment	Restaurant/Bar Hotel/Motel Equipment	Service Station, Bulk Plant Equipment, Car Wash Equipment
2019							
2018							
2017							
2016							
2015							
2014							
2013							
2012							
PRIOR							

LEASED EQUIPMENT	YR. ACQUIRED	ACQUISITION COST	ASSESSOR'S USE	LEASED PERSONAL PROPERTY SUMMARY			
	2019			Please list below any leased or rented equipment in your possession. The terms of your lease or rental contract may determine tax liability. This section is designed to ensure that the property is assessed to the proper owner. You may wish to attach a separate list or a copy of your lease.			
	2018			LESSOR'S NAME AND ADDRESS			
	2017						
	2016			LENGTH OF LEASE		ITEM	
	2015			DATE OF LEASE		MONTHLY RENT	
	2014						
	PRIOR YEARS						

AUTOS VANS & SUVs PICKUPS <i>(Do Not List Leased Vehicles)</i>	YEAR	MAKE <i>(Chev, Ford)</i>	MODEL <i>(Impala, Focus)</i>	SERIES <i>(SL, SE, LE)</i>	# DOORS	# DRIVE WHEELS	TONS	CAB TYPE <i>(Circle)</i>	DIESEL <i>(Circle)</i>	VIN (Vehicle ID Number)
						2WD 4WD AWD		REG EXT CREW	YES NO	
						2WD 4WD AWD		REG EXT CREW	YES NO	
						2WD 4WD AWD		REG EXT CREW	YES NO	
						2WD 4WD AWD		REG EXT CREW	YES NO	

HISTORIC VEH. HISTORIC PLATES: YES NO EST. VALUE \$:

COMMERCIAL TRUCKS <i>(List Semi-Tractors Below)</i>	YEAR	MAKE <i>(Chev, Ford)</i>	MODEL / TYPE	BED TYPE	AXLES	GVW	VIN (Vehicle ID Number) (Required)

SEMI-TRACTORS	YEAR	MAKE	MODEL / TYPE	GVW	APPORTIONED PLATE?		VIN (Vehicle ID Number) (Required)
					<i>(Circle)</i>	Whose Authority?	
					No Yes		

MOTOR HOMES RVs & BUSES	YEAR	MAKE / CHASSIS	BODY NAME	MODEL / SERIES	LENGTH	# PASSENGERS	VIN (Vehicle Identification Number)

CAMPER TRAILER	YEAR	MAKE	MODEL	TYPE (CIRCLE ONE)			LENGTH	VIN (Vehicle Identification Number)
				5TH WHEEL	UPRIGHT	FOLD DOWN		

TRAILERS <i>Including BOAT Trailers & SEMI Trailers</i>	YEAR	MAKE & MODEL	TYPE (Stock, flat, boat, utility, motorcycle, etc.)	HORSE # OF			AXLES	LENGTH	VIN (Vehicle ID Number)
				1	2	4			
				1	2	4			

MOTORCYCLES, ATVs, UTVs, etc.	YEAR	MAKE (Harley, Honda, etc.)	MODEL (Fat Boy, Goldwing, etc.)	TYPE (2 whl, 3 whl, 4 whl)	CC or HP	CYL	VIN (Vehicle Identification Number)

BOATS & JET SKIS	YEAR	MAKE	MODEL	TYPE (Bass, Jon)	MATERIAL (Circle One)	LENGTH	VIN / SERIAL NUMBER
					Fiber Alum. Wood		

BOAT MOTORS	YEAR	MAKE	MODEL	TYPE (Circle One)		HP	VIN / SERIAL NUMBER
				Inboard	Outboard		

AIRPLANES	YEAR	MAKE	MODEL & SERIES	KIT	MAX. CERTIFIED GROSS TAKEOFF WEIGHT	ENGINE	HRS. FLOWN LAST YEAR	PURCHASE PRICE	VIN (Vehicle ID Number)

LIVESTOCK	TYPE		TYPE		TYPE		TYPE		TYPE	
	COWS/BULLS	NUMBER	BARROWS/GILTS	NUMBER	EWES	NUMBER	HORSES	NUMBER	POULTRY	NUMBER
	CALVES		SOWS		FEEDER LAMBS		MULES		BEE COLONIES	
	YEARLINGS		PIGS		SLAUGHTER LAMBS		GOATS		EXOTICS & OTHER	

FARM MACHINERY & OTHER EQUIPMENT	YEAR	MAKE	MODEL	DESCRIPTION (Tractor, Combine, Backhoe, Dozer, Etc.)	YEAR PURCHASED	ORIG. COST	CASS2-107 (Rev 7/19) 019B
						\$	
						\$	
						\$	

If located in the Enterprise Zone answer 1, 2 and 3:

1. Cost of tools and equipment used for pollution control.

2019 Acquisition Date _____ Cost \$ _____	2019 Acquisition Date _____ Cost \$ _____	Product Line _____
2018 _____ \$ _____	2018 _____ \$ _____	_____
2017 _____ \$ _____	2017 _____ \$ _____	_____
2016 _____ \$ _____	2016 _____ \$ _____	_____
2015 _____ \$ _____	2015 _____ \$ _____	_____
2014 _____ \$ _____	2014 _____ \$ _____	_____
Prior to 2014 _____ \$ _____	Prior to 2014 _____ \$ _____	_____


2. Cost of tools and equipment used in retooling to introduce new product line or to make improvements to an existing product line.

3. List your standard industrial classification (SIC): _____

NAME OF AGENT OR PREPARER _____ ADDRESS _____

CITY, STATE, ZIP CODE _____ TELEPHONE () _____ TAX I.D. NUMBER _____

I, _____, President Treasurer Owner Manager Other _____ of _____ do hereby certify that the foregoing list contains a true and correct statement of all the tangible personal property made taxable by the laws of the state of Missouri, which I owned or which I had under my charge or management on the first day of January. I further certify that I have not sent or taken or caused to be sent or taken any property out of this state to avoid taxation. Any person who refuses to make the certification to the list, when required so to do by the assessor or the assessor's deputy, shall upon conviction be deemed guilty of a misdemeanor and no property shall be exempt from executions issued on judgments in prosecutions pursuant to this section.

SIGN HERE  _____ Date _____ I have listed additional property on sheet attached